DEPARTMENT OF PUBLIC UTILITIES TRANSPORTATION OVERSIGHT DIVISION APPLICATION FOR MOTOR BUS PERMIT

Check appropriate block: [] New Permit Cost: \$60.00 EACH One South Station (Includes \$20.00 Inspection fee) 2 West [] Renewal Permit Cost: \$40.00 EACH Boston, MA 02110 MAKE CHECKS PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS" (617) 305-3559 Operator Name :____ Computer #: _ Address Permit # : City/State/Zip :___ Insurance : Approved: _ INSPECTOR Mailing Address: Date: (if different) FOR DPU USE ONLY Telephone No. :___ Bus Number: V.I. Number: Registration #: ____ _____ Model : __ Year: ____ Make: _______ Mehicle Type: Transit [] School Bus [] Mini-Bus [] Trolley [] Van [] Coach [] Other [] Emergency Door: Yes [] No [] Push-out Windows: Yes [] No [] Is exemption desired? Yes [] No [] If Yes, Application Must be Accompanied by a Letter Stating Exemption Desired. Exemption must be approved by Department. Specify rule number(s): Number of Seats Exclusive of Driver: Adult____ Children____ Type of Brake: Foot - Hydraulic [] Vacuum [] Air [] Hand - Ratchet [] Air [] Vehicle Owner: ______[only if different from above] Address: Cit.v: _____ State:____ Zip: _____ I, the undersigned, being duly authorized, hereby apply for a current year Motor Bus Permit and state that the statements herein are true to the best of my knowledge and belief. _____ Date: Signature: Title: (Corporate officer/partner/owner) A minimum amount of insurance of \$_____, required by 220 CMR 152.04 Insurance Company Minimum Amount Effective Date Cancellation Date Financial Responsibility Minimum levels 152.04: The minimum levels of financial responsibility for carriers of passengers for hire operating Intrastate: Schedule of Limits - Effective October 1, 1997 Any vehicle with a seating capacity of 16 passengers or more - 5 million
Any vehicle with a seating capacity of 15 passengers or less - 1.5 million

Exceptions to Schedule of Limits 2. Any vehicle with a seating capacity of 32 passengers or less operating under a